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ABSTRACT

This study investigated the child rearing strategies endorsed by pregnant adolescent girls. The sample consisted of 124 pregnant adolescent girls from two alternative high schools for pregnant or parenting teenage girls in the Detroit (Michigan) Metropolitan Area. Child rearing strategies were assessed using the Rickel Modified Form of the Block Child Rearing Practices Report. Subjects also provided extensive demographic data and completed the Perceived Social Support Network Inventory and the Minnesota Multiphasic Personality Inventory (MMPI). The demographic findings suggest a trend toward earlier and more teenage pregnancies. Only 26 % of the sample had two parents in the home, suggesting that the girls' families may be stressed by the difficulties of single-parenting and unable to provide effective social support to the girls. Results from the MMPI revealed that only one-fifth of the sample fell within normal adjustment limits, implying a need for preventive interventions. The study provides descriptive analyses of child rearing strategies; compares the responses of center-city and suburban adolescents; and examines the relationship of these scores to indices of stress, social support, and personality as measured by the MMPI. Implications of the findings for community-based interventions are also discussed. (Author/NB)

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Teenage Pregnancy and Parenting:

Findings from the Detroit Teen Parenting Project

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Abstract

This study is an investigation of the child rearing strategies endorsed by pregnant adolescent girls. The sample consists of 124 adolescent girls drawn from suburban and center- city schools in the Detroit Metropolitan Area. Child rearing strategies were assessed using the Rickel Modified Form of the Block Child Rearing Practices Report. The study provides descriptive analyses of child rearing strategies, compares the responses of center-city and suburban adolescents, and examines the relationship of these scores to indices of stress, social support, and personality as measured by the MMPI. The implications of the findings for community based interventions are also discussed.

Teenage pregnancy in America is a problem of growing proportions, with one out of ten sexually active teens becoming pregnant every year. While adolescent pregnancy used to carry a stigma which caused many girls to give up their babies for adoption, changing mores have resulted in more than half of all pregnant teenagers keeping and attempting to raise their babies. Surprisingly, U.S. females aged 15-19 lead all other developed countries in the incidence of adolescent pregnancy (Alan Guttmacher Institute, 1986).

Young girls choosing to carry their pregnancies to term and raise their babies are often ill-prepared for the excessive demands of parenting. Many teens find they are unable to continue with their schooling while caring for their newborn. Often the unavailability of adequate day care necessitates that the new mother remain at home with her baby. At present, it is estimated that only half of those girls bearing children during their school years will graduate from high school. Financial pressures for this group are unrelenting, thus teenage mothers and their offspring are far more likely to live in poverty than their older, married counterparts. When these young parents do become employed, wages are typically half that earned by their nonparenting peers. Sadly, most teenage mothers are forced to rely on Federal assistance, and all too often their daughters will grow up to be teenage parents themselves. Moreover, teenage pregnancy results in a complicated pattern of increased health risks for these mothers (Rickel & Allen, 1987).

The adolescent is not the only party at risk, however. For infants of adolescent mothers, there is a higher incidence of illness and mortality, as well as educational and emotional difficulties throughout the child's development. Unfortunately, these "handicapped" children often become targets for abuse by frustrated parents who lack understanding of their child's

development. As more teenagers give birth to out of wedlock children, it is becoming increasingly clear that efforts must be expended toward assisting these young parents with the complex and demanding task of child rearing (Brooks-Gunn & Furstenberg, 1986).

The Detroit Teen Parenting Project was implemented in 1986 in an effort to reduce the negative outcomes of teenage pregnancy. Based upon a peer advocate model of intervention, the goals of the project are two-fold: 1) to raise parenting competencies, and 2) to reduce the incidence of repeat pregnancies. Particular areas of interest were the effect of social supports on the new mother's efficacy and satisfaction as a mother, and the role of personality variables in the adolescent's parenting style. Presently in its second year of operation, preliminary findings from the project support prior research in the field and offer new insights.

Method

Subjects:

124 subjects were drawn from two alternative high schools expressly for pregnant or parenting teenage girls. One school was located in the center-city serving mainly a non-white population. The school provides medical care, counseling, nursery care, and parent-skills training, in addition to a regular curriculum. The girls elect to attend the school and are allowed to remain enrolled through the year in which their babies are born. The second school served a predominantly white population and differs in that the girls are allowed to remain until graduation if they choose. Day care is also provided for their children. All subjects, from both schools, were lower income, and were between the ages of 14 and 18, the mean age being 16.1. Three-fourths of the girls were pregnant or parenting for the first time. One-fourth were

pregnant for at least the second time.

Instruments:

Extensive demographic data was collected and three forms of measurement were used to assess the adolescent mothers' child rearing strategies, interpersonal support, and personality characteristics. The first was the Rickel Modified Child Rearing Practices Report, (Block, 1965; Rickel & Biasetti, 1982) which is a questionnaire focusing on parental values and attitudes toward children. The subject is asked to respond to each of the 40 items, using a Likert scale with 1= not at all descriptive of me and 7= highly descriptive of me. Factor analysis of this instrument has revealed that it measures two factors, Restrictiveness (parental strictness and authoritarian style) and Nurturance (parental givingness and supportive encouragement).

The instrument used to measure the teens' interpersonal resources was the Perceived Social Support Network Inventory, which questions the subject about significant others in her life. The format includes a list of all the individuals who form the subject's social support network and a classification of the type of support each individual offers, whether it be emotional, material, physical, etc. Since this instrument gave each teen the opportunity to self-report the people she would turn to in a time of stress, it reflects the amount of support that she perceives to be accessible to her.

The final instrument used was the Minnesota Multiphasic Personality Inventory (MMPI), which consisted of 366 self-reference statements. Subjects respond to each statement as true or false as applied to them. Each teen mother was instructed to answer all questions, if possible. The structured response format of the MMPI classifies it as an objective technique of personality assessment (Graham, 1987).

Following scoring of the MMPI, subjects were placed into groups based on

their two-point code type. A clinical cutoff score of 65T was utilized in developing code types, as recommended by Archer (1987), who feels this cutting score facilitates interpretation of adolescent profiles.

Procedure:

Each subject completed a personal, confidential interview with a trained interviewer. Research assistants were trained in interviewing techniques and in the use of the structured interview questionnaire through role playing and rehearsal with faculty and upper level graduate students also from Wayne State University. Administration of the structured interview required approximately one hour per subject. All items were read to the subjects to ensure adequate understanding. After the interview, the girls completed the Minnesota Multiphasic Personality Inventory (MMPI) as a group. Subjects were given a token gift for their babies upon the completion of the interview and the MMPI.

Results

The data revealed a profile of the adolescent mother (mean age = 16.1) as can be seen in Table 1. In general the Table demonstrates that 21% of the sample are pregnant for at least the second time and of the total sample 31% do not use any form of contraception. Twenty-six percent of the adolescent females were happy about their pregnancy and 59% were scared or confused. On the other hand, over 50% of the males fathering these babies, as reported by teen mothers, were happy to learn of the pregnancy. In addition, 85% of the sample reported that they had planned their pregnancy.

A maritally disruptive household membership was experienced by 46% of the sample with only 26% of the girls coming from two parent families and 17% of the girls had mothers who never married. Ninety-three percent of the subjects endorse a religious belief system and 52% of these individuals attend church

on a regular basis with Catholic and Baptist being the predominant religions. More than 50% of the subjects report an inability to maintain school performance during their pregnancy, and over 30% plan to drop out of school after they have had their babies.

In assessing the relationship between the maternal variables of nurturance and restrictiveness and dimensions of personality as measured by the MMPI, a significantly negative relationship was found between nurturance and depression as well as social introversion, as shown in Table 2. A significantly negative relationship was also found between restrictiveness and rebelliousness, as well as non-traditional role orientation. Overall, the MMPI results indicated that by using a clinical cutoff score of 65T, only 20% of the sample fell within the normal limits of psychological adjustment. Approximately 18% of the sample were classified neurotic, 22% characterological, and 20% socially alienated.

To determine whether personality plays a role in parental attitudes and values, a Multivariate Analysis of Variance was performed utilizing personality subgroups and the two factors of the Rickel Modified Child Rearing Practices Report. When overall significance between groups was found ($F = 2.08$, $p < .05$), univariate and post hoc analyses were undertaken to further delineate group differences. Significant group differences were found for both restrictiveness ($F = 2.61$, $p < .05$) and nurturance ($F = 2.97$, $p < .05$).

Results of the Tukey A procedure (summarized in Table 3) reveal that with respect to nurturance, neurotic and characterological groups differed significantly ($p < .05$). Girls in the neurotic group reported far less nurturant attitudes than their peers in the characterological group. High scores on the nurturance factor reflect a flexible, commendary parenting style. For restrictiveness, girls whose MMPI profiles were in the psychotic

subgroup differed significantly from girls in the neurotic subgroup, with the psychotic subgroup being more restrictive ($p < .05$). High scores on the restrictiveness scale reflect an authoritarian, controlling parenting style (Thomas, 1988).

Turning to issues of social support, a significantly positive relationship was found between nurturance and extent of social support network as well as number of family supports. Restrictiveness was negatively correlated with the perceived satisfaction of the support network, especially that received from friends. However, the presence of a boyfriend in the social support network had a negative relationship with all other sources of social support (family support with boyfriend: $r = -.43$, $p < .001$; friend support with boyfriend: $r = -.27$, $p < .001$; all other support with boyfriend: $r = -.20$, $p < .05$). In addition the results showed that satisfaction with support provided by a boyfriend was negatively related to mothers' satisfaction with the baby ($r = -.37$, $p < .01$) (Butler, in progress).

Observations of the girls' behavior revealed a negative relationship between nurturance and subjects appearing uncertain or poorly groomed. Furthermore, there was a negative relationship between restrictiveness and observations of apprehension.

Discussion

The demographic findings in our sample support other research pointing to a general trend toward earlier and more teen pregnancies. The fact that one-fifth of our sample, with a mean age of only 16, is experiencing a repeat pregnancy clearly shows the need for earlier educational intervention at the pre-teen level for both boys and girls than is presently available. The finding that only 26% of our sample has two parents in the home is significant

in light of the role that familial support is thought to play in the lives of young mothers. It suggests that the girls' families are themselves stressed by the personal and economic difficulties attendant upon many single-parent households, and thus may or may not be able to provide effective social support to their daughters and grandchildren.

The results of personality testing by means of the MMPI were somewhat surprising. Though personality research with teenage samples has yielded mixed results in the past, most recently pregnant and/or parenting teens have not been viewed as a pathological group (e.g. Barth, Schinke, & Maxwell, 1983; Ralph, Lochman, & Thomas, 1984). The fact that only one-fifth of the sample fell within normal adjustment limits on the MMPI implies that a need exists for preventive interventions. Our findings suggest that there are some adolescents for whom motherhood is distressing. Nevertheless, it is unclear whether these adolescents were disturbed prior to pregnancy or whether the realistic demands of parenthood are causing immediate tribulation.

Group differences on measures of nurturance and restrictiveness suggest that self-absorbed girls whose profiles are in the neurotic group are doing relatively little parenting. A modest correlation between nurturance and restrictiveness ($r = .32$, $p < .01$) infers that without order and a sense of control, there may be little mutual respect between parent and child. The fact that girls in the neurotic subgroup are low on both nurturant and restrictive attitudes suggests a low level of involvement with their offspring.

The high level of restrictiveness found for socially alienated mothers is also of interest. The adolescent psychotic profile, as described by Archer (1987), is characterized by social alienation and withdrawal, reluctance to engage in interpersonal relationships, and nonconforming, unconventional,

socially deviant attitudes. In our sample, this subgroup was made up of largely non-white, center-city teens from Baptist backgrounds. Their strict, traditional child-rearing attitudes may be a product of religious teaching, and feelings of alienation may be related to the difficulties many minorities face living in the midst of a predominantly white, middle class society.

Though it is unclear whether girls in the socially alienated subgroup are truly exhibiting "pathology" or whether they are merely responding to feelings of isolation, their highly restrictive parenting styles are of concern. In their 1980 study, Jones, Rickel and Smith found that children whose parents espoused restrictive parenting values had poorer problem solving skills than those children whose parents were more nurturant. It would appear, therefore, that intervention methods to enhance nurturance and more flexible parenting attitudes in these mothers would aid teens' offspring in developing social problem solving tactics and personal coping strategies.

Our results yield several clues to factors which promote nurturant behavior in young mothers, and also to those factors which inhibit or prevent it. The negative relationship between depression and nurturance suggests that teen mothers experiencing depression may be unable to extend care to their children, as part of an overall impairment in functioning. It is intuitively plausible that social withdrawal, uncertainty, and poor self-care would all be behavioral concomitants of depression and thus would also be negatively related to nurturance. These and perhaps other depressive symptoms may serve as behavioral signals which could alert health-care providers and other professionals to the need for mental health intervention for these mothers and their babies. Such early intervention could help to prevent the establishment of a pattern of poor mother-child interaction.

The number of people offering social support to the mother also appears to

be a major factor in the presence of nurturant behavior. Social support is known to buffer the effects of stress and to ameliorate depression; it may be that the relationship between social support and nurturance stems from the fact that support promotes more nurturant parenting styles. In any case, the present results suggest that a brief social-network survey might be an effective device for targeting teen mothers in need of special assistance. It further suggests that interventions which are targeted toward helping teen mothers establish and maintain social support contacts may be beneficial in terms of improving the mothers' ability to care for their children.

Teen mothers' boyfriends play a significant role in shaping the girls' social networks, and may affect their interactions with their children. The finding that teen mothers who maintain contact with boyfriends tend to have less contact with family, friends, and virtually all other supports is alarming for several reasons. Such dependence on a single source of support, which is not likely to be stable over time, builds a high level of insecurity into the lives of both mother and baby. The paucity of other support also means that the young mother lacks role models, a peer group with which to identify, and simple material assistance in everyday tasks of living. A teen who must shoulder so many psychological and material burdens will have difficulty in being an effective parent. Social isolation of young couples is a known risk factor for serious family dysfunction.

Finally, our results indicate that the satisfaction with support provided by a boyfriend is negatively related to the young mother's satisfaction with her baby. The role of the fathers in interacting with the babies is open to question. These findings have implications for community-based interventions in that, for this population, community outreach involving the young men may be an effective means of dealing with the incipient problems of this group.

Since they are unlikely to approach sources of help themselves, peer advocates through school and church agencies might be more effective than hospital-based parent groups.

The role of the community can be further seen in planned program possibilities opened up by the young mothers' reported religious belief and church attendance. Very few girls reported the church or the clergy as a source of support, even though they may attend church regularly. Churches are a traditional social focus, and could be effective vehicles for community-level intervention. Volunteer senior citizens might help in providing child care. Such a focus might have the beneficial effect of strengthening connections among already existing sources of support. In addition, this would be an effective way to "package" educational efforts in a way which is sensitive to local culture and acceptable to the recipients of intervention (Rickel, Gerrard & Iscoe, 1984).

We have examined some of the existing risk factors in the teen mothers' social environments and have suggested directions for program planning and intervention. Our Detroit Teen Parenting Project is in the process of implementing several of these suggested directions for program development and intervention. The Project, which utilizes peer counselors who are closely matched demographically to the young mothers, is designed to enhance parenting competencies and reduce the incidence of unplanned, repeat pregnancies. Outcome evaluation, as well as longitudinal study of the impact of these school and community-level interventions, is anticipated and will yield additional insights into the development of maternal competence and children's health and well-being.

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Table 1

Demographics of Sample

Race	N	%
Black	69	55.6
White	55	44.4
Age		
14	7	5.6
15	23	18.5
16	22	17.7
17	22	17.7
18	13	10.5
19	1	.8
Number of Times Pregnant		
1	96	77.4
2	23	18.5
3	3	2.5
Parents Marital Status		
Married	32	25.8
Separated	20	16.1
Divorced	37	29.8
Never Married	21	16.9
Career Plans*		
Stay home w/baby	49	28.3
Continue w/educ.	47	27.2
Trade School	11	6.4
College	33	19.1
Grad School	4	2.3
Get a Job	29	16.8

Contraceptives Used	N	%
Pill	51	41
Diaphram	1	.8
Condom	30	24
Nothing	38	31
Endorse Religion		
Yes	115	93
No	9	7
Religion Practiced		
Catholic	20	16
Baptist	55	44
Jehovah Witness	13	11
Other Christian	27	24
None	9	7
Attitudes Toward Pregnancy (Female)		
Happy	33	26
Scared/Confused	69	59
Unhappy/Shocked	19	15
Attitudes Toward Pregnancy (Male)		
Happy	66	53
Scared/Confused	36	30
Unhappy/Shocked	7	5

*Subjects could give two responses

Table 2

Correlates of Nurturance and Restrictiveness Among Pregnant/Maternal Adolescents

MMPI Scales	Nurturance	Restrictiveness
L	-.20*	-.24**
F	.02	-.16*
K	.09	-.18*
1	.07	.07
2	-.26*	-.13
3	-.11	-.15
4	-.05	-.16*
5	-.02	-.17*
6	-.04	.00
7	-.04	.01
8	-.07	-.10
9	-.01	-.13
10	-.17*	-.10
Support Scales		
Number of Total Supporters Named	.18*	-.10
Quality of Total Supporters	-.10	-.18*
Number of Family Supporters Named	.17*	-.01
Quality of Family Supporters	.07	-.04
Number of Friends Mentioned as Supports	.06	-.15
Quality of Friend Support	.07	-.23*
Observations		
Appeared Frightened or Apprehensive	.15	.22*
Seemed Uncertain	-.16*	.08
Untidy/poorly groomed	-.18*	.17*

* = .05
** = .01

Table 3

Group Means and Standard Deviations

for MMPI Personality Subtypes

Nurturance	Mean	SD
Normal	97.77	6.93
Neurotic	89.10*	17.11
Characterological	98.80*	6.94
Psychotic	97.36	11.63
Unclassified	97.23	7.24
Restrictiveness		
Normal	78.37	16.65
Neurotic	74.67*	15.11
Characterological	79.27	13.21
Psychotic	86.89*	13.12
Unclassified	81.00	9.00

* Significantly different from each other at the .05 level via Tukey A